



North Dakota State
NDSSD
Seed Department

P O BOX 5257
FARGO ND 58105-5257
PHONE: 701-231-5400
FAX 701-231-5401

APPLICATION FOR SEED LABELING PERMIT

Date_____

NAME:_____

ADDRESS:_____

CITY, STATE, ZIP: _____

PHONE:_____FAX:_____

E-MAIL ADDRESS:_____

A permit is required to label, transport and sell agricultural, vegetable, flower or tree and shrub seeds in North Dakota in accordance with section 4-09-14.1 through 4-09-15 of the North Dakota Century Code. The applicant hereby agrees to comply with all of the requirements of the North Dakota State Seed Laws and Regulations, pay the required fee at the end of each reporting period, imprint on the analysis labels the information required by law and regulations, and to permit the Seed Commissioner or his authorized agents to examine records upon which such reports are based in order to verify the accuracy of the report.

By:_____

Title:_____

For office use only

Approved_____ Rejected _____

Permit #:_____

Date:_____

By:_____

Title:_____